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SYNOPSIS OF SOME IMPORTANT IMPROVEMENTS IN THE TREATMENT OF OBSTINATE ORGANIC STRICTURE OF THE URETHRA AND URINARY FISTULÆ.

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[Communicated for the Boston Medical and Surgical Journal.]

THE treatment of obstinate organic strictures of the urethra has been an inviting subject for surgeons in these modern times, and many are the plans which have been proposed for combating this troublesome difficulty. Whilst I do not propose, in the present article, to give a history of these different plans of treatment, or to go into any lengthy discussion of the merits of any of them, I will simply assume, by way of preface to what I am about to offer, that the treatment by *temporary dilatation*, by *continuous dilatation*, and by *internal urethrotomy*, covers most of the plans of anything like universal merit now advocated in standard works, or taught by the best teachers of surgery. The improvements to which I shall now call the attention of the profession appertain, mainly, to some new instruments, designed to be of service in carrying out that plan of treatment called *continuous dilatation*.

With reference to the treatment by means of these new instruments, instruments which I have denominated *uriducts*, the urethra may be divided into three portions.

The first portion extends from the meatus urinarius to within a short distance of the suspensory ligament. It is from one and a half to two and a half inches in length. Its direction may be said to be uniformly rectilinear.

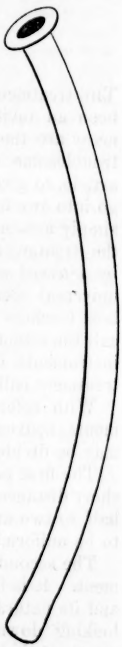
The second portion embraces the region of the suspensory ligament. It is from one and a half to two and a half inches in length, and its natural direction is that of an abrupt curve, the concavity looking downward; but its direction varies with the varied movements of the penis.

The third portion extends from the posterior limits of the second portion to the prostate gland. It is, also, from one and a half to

two and a half inches in length. Its direction, which is uniformly the same, is that of a gentle curve, the concavity looking upward.

The uriduct, designed for the continuous dilatation of strictures of the first portion of the urethra, may be represented by the annexed figure. It is made of gold or silver, and consists of a simple straight tube, from one and a half to two and a half inches in length, and of such a size as the surgeon may think proper. The tube terminates, outwardly, by a button-like expansion, to rest upon the glans penis, and, inwardly, it terminates by a thick, smooth, rounded lip, to prevent chafing of the mucous membrane. The ends of a delicate, flexible silver wire, of sufficient length to encircle the neck of the penis, are attached, about a quarter of an inch from each other, to the lower margin of the button-like expansion, and by this means the uriduct is held in place. This instrument is so perfect that it can be worn, without the slightest trouble or inconvenience, for any length of time, and while it is in use all the inconveniences of an organic stricture of the meatus, or of the anterior portion of the urethra, are removed.

As an instance of its utility: I was consulted, about four months ago, by a brother surgeon with regard to a patient of his, with obstinate organic stricture of the meatus. All the ordinary means of cure had been used for a long time, with only temporary relief, and both physician and patient were constantly annoyed by the rebellious difficulty. I furnished the patient with a uriduct, such as I have described, and he finds it a perfect relief. He wears it all the time, and feels no more inconvenience from it than one does from a plate of false teeth in the mouth.



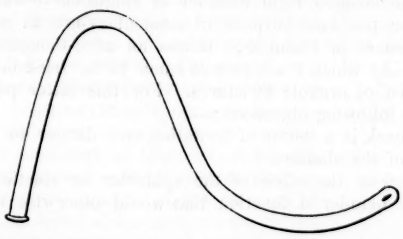
The uriduct designed for the continuous dilatation of strictures of the second portion of the urethra, may be represented by the second figure. It is a gold or silver tube, four or four and a half inches in length, having a gentle curve, mainly towards its distal extremity, and having a small, circular, button-like expansion at its pavilion. This instrument is intended to rotate, or revolve on its axis, with the various movements of the penis, so as to adapt itself to the varying direction of that part of the urethra which it is designed to dilate. I have not been able to devise any very neat or scientific

arrangement for securing this uriduct in place, and have been obliged to allow patients to devise their own means of accomplishing this object. This instrument is exceedingly simple, and it fulfils admirably the indications it was designed to meet. I will give a typical case, illustrating its benefit.

A patient applied to me, in a wretched condition, with urinary fistulæ in the perinæum, the scrotum and the groins. He had a stricture of more than twenty years' standing, situated three and a half inches from the meatus. It had caused him a world of trouble, and had baffled the skill of many surgeons. When he sought my aid, he had made no water by the meatus for the space of fourteen months. The prepuce, the penis and the scrotum were enlarged, indurated and deformed, and they were the seat of a troublesome chronic eczema. There was great irritability of the bladder, so that the patient obtained but little rest, day or night. He was virtually excluded from society, and life was a torment to him.

His stricture was of a cartilaginous or non-dilatable character, and, after performing internal urethrotomy, with an instrument presently to be described, I inserted a uriduct like the one figured above, which uriduct he continued to wear till all the consequences of the stricture had passed away and the patient's health was fully restored. He continued to use the instrument, more or less, as long as he lived. He died of inflammation of the lungs, four years after the cure of the stricture. A convenient method of keeping this uriduct in the canal is by means of a piece of cloth, or oil-silk, folded over the end of the penis and secured with a tape or an elastic ring.

The uriduct designed for the continuous dilatation of strictures of the third portion of the urethra, may be represented by the following figure, drawn to a scale of half the size of the instrument. The



idea sought to be realized in this uriduct, or catheter of double curve, is *to have it conform exactly to the natural direction of the urethra, when the parts are in their quiescent or passive state.* When this is the case, the instrument *stays in the urethra itself.* It hangs, as it were, upon the suspensory ligament, with no tendency to penetrate too far into the bladder or to escape from the canal. The length of

this instrument is such that, when the pavilion is just without the meatus, the beak is just within the bladder.

This uriduct is not only useful for the continuous dilatation of rebellious strictures of the deeper parts of the urethra, but it is serviceable also in all cases where it is desirable to retain a catheter for any length of time in the urinary reservoir. Where there is enlargement of the prostate gland in old persons, it is often of the greatest convenience; and in the treatment of gun-shot wounds of the urethra and the bladder it can hardly be dispensed with.

After the battle of Antietam, I had a soldier under my care who wore an instrument of this kind during the healing of a gun-shot wound of the membranous portion of the urethra, and, by its use, the canal was restored, without urinary fistulæ. So little inconvenience was produced by the presence of the instrument in the urethra, that, much of the time, the patient was dressed and walking about the hospital grounds.

After testing the value of this improved catheter for more than seven years, I feel that I can hardly overestimate its virtues. It does away with the necessity of those unscientific and unsatisfactory adjuvants which are commonly resorted to, to keep the old-fashioned catheter in the bladder; and, being in the form of a syphon, it allows the flow of the last drop of urine from the bladder, whilst the patient is supine in bed, a fact which cannot be said of the metallic catheter of single curve.

With the use of the uriducts which I have now described, the treatment of obstinate organic strictures of the urethra by continuous dilatation receives a new importance. Many of the objections heretofore urged against this plan of treatment have had their foundation in the imperfection of the instruments employed in carrying it out. The common rigid catheter of single curve was originally invented for the sole purpose of momentary use in relieving the bladder in cases of retention. It was an after-thought—a kind of make-shift—by which it afterwards came to be tried in the urethra for the relief of organic strictures. For this latter purpose it is open to the following objections:—

1st. Its beak is a source of irritation and danger to the mucous membrane of the bladder.

2d. It defeats the office of the sphincter or elastic ring at the neck of the bladder, a function that would otherwise be properly performed.

3d. The projecting external extremity prevents the patient from wearing the ordinary habiliments of dress—a most serious inconvenience, sufficient of itself to exclude the individual from society.

4th. The necessity of some arrangement, at the pavilion, to prevent the constant escape of urine, which arrangement is a trouble to the patient every time he wishes to empty the bladder.

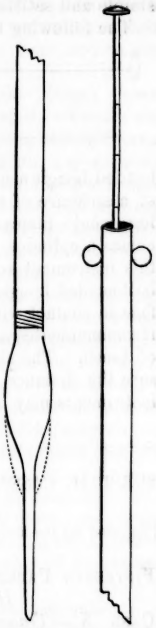
5th. The difficulty of retaining this instrument in place by any simple and satisfactory appliance.

6th. The bar which is thus imposed upon the natural movements of the penis.

7th. The restraints which are placed upon the movements of the whole body, denying the patient all rapid motion and violent exercise, requiring, even, that he should walk slowly and with care, that he should sit and lie in constrained postures, having the mind vigilant, both waking and sleeping, to prevent the occurrence of harm. This is also a great inconvenience, making an otherwise active man sedentary, solitary and sad.

None of the objections here enumerated appertain to the first and second uriducts which I have described, and only two of them appertain to the third, or catheter of double curve.

I should transcend the purposes of this article were I to enter upon any of the arguments which might be adduced in support of the intrinsic merits of *continuous dilatation*, as a means of overcoming the evils of rebellious strictures of the urethra; but if this mode of treatment is not without its advocates among the best of modern teachers, even when practised with the faulty instruments now generally recommended and used, it certainly commends itself much more strongly to our favor, with the improvements which I have here introduced. This treatment is the same, in principle, as that which has long been in use, with good results, in the management of stricture of the nasal duct, with fistula lachrymalis.



In some instances, as an antecedent step to this mode of treatment, it is necessary to resort to the operation of internal urethrotomy. The accompanying figure represents my urethrotome. It consists of an external shield and guide, and an internal blade and handle. The shield* is a straight tube, as large as the external orifice of the urethra. At its extremity, opposite the pavilion, it is contracted to the size of a catheter No. 1, and is continued of this size, under the name of guide, to such a length as may be required by the circumstances of the case. The blade is oval in form, of the same width as the shield, and is furnished with a slender handle, projecting from the proximate end of the instrument, of the same length as the shield and guide.

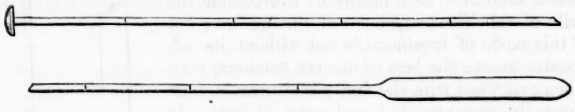
When sheathed, during the introduction of the instrument, the blade is concealed in the anterior part of the shield, where it re-

* The short diagonal lines running across the shield of the urethrotome are inserted to show that the instrument goes together there with a screw.

mains, harmless, till the guide has traversed the stricture, when, still directed by the guide, which is cleft bilaterally, it is made to advance through the strictured portion of the canal, fulfilling the object in view, after which it retires to its hiding place, and the instrument is withdrawn.

This urethrotome is very simple, and perfectly safe. It cuts upon both sides of the canal, which, in most cases, is preferable to the unilateral incision. It can be used in the narrowest of strictures, making an opening as large as the external orifice of the urethra. The objections which have, heretofore, been urged against incisions from before backwards are, by this instrument, done away, and there remains no longer any good reason for preferring those instruments which cut from behind forwards, although some of them are very simple and satisfactory.

The following figure represents an improvement upon the ball-



headed bougie usually employed for ascertaining the posterior limits of a stricture of the urethra. The tactile extremity of this exploring bougie, instead of being a simple sphere, is elongated till it becomes a cylinder, an inch or more in length. The advantages o this instrument are, that it is much more easily introduced than the ball-headed bougie, and, when introduced, having a much larger surface in contact with the walls of the urethra, beyond the stricture, it communicates a more definite and reliable impression to the sense of touch. The shaft of this bougie is graduated, in order to measure the distance of the stricture from the meatus. Any of these instruments may be obtained of Tiemann & Co., New York.

SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL, BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D., one of the Visiting Surgeons.]

FIFTEENTH PAPER.—*Traumatic Herniæ of Omentum. Strangulated Herniæ. Double Radical Operation.*

CASE X.—*Traumatic Hernia of the Omentum.*—(Service of Dr. CHEEVER.) The patient, a robust young man, received a prick in the abdominal wall, near the umbilicus, with a pocket knife. I saw him two hours after the accident. As much of the greater omentum as would fill a tablespoon was protruding through the small opening made by the knife. There were no constitutional symptoms. A

physician called had applied warm fomentations to the hernia. The omentum not cold, nor livid. It was washed; the wound of the parietes enlarged, and the omentum returned. The patient recovered promptly.

CASE XI.—(Service of Dr. CHEEVER.) The patient was picked up in a state of intoxication, and put in the Tombs. It was found, in the morning, that he had a wound of the abdomen, and something protruding. The wound must have been inflicted by himself, or others, over night. He was sent to the hospital. A portion of the omentum, as large as an egg, was protruding through a small hole of the abdominal parietes, near the umbilicus. It was cold, dirty, livid, and looked as if it had been out for some hours. Patient still under the effects of liquor. No constitutional symptoms. It was judged imprudent to return the omentum, and it was strangulated with silver wire. No symptoms followed, beyond an attack of delirium tremens. The omentum sloughed off in six days, and he was discharged, well.

CASE XII.—*Femoral Hernia strangulated for four Days; Operation; Recovery.*—(Service of Dr. CHEEVER.) Mrs. M., 40 years old, had had femoral hernia for many years. Her truss, having become worn, did not control the rupture. After working all day with the rupture down, she was awakened in the night by colicky pains near the umbilicus, followed by one stool. Next morning, the pain recurred, with nausea. No further motion of the bowels until after the operation. Vomiting of a distressing character set in the second night, with pain and constipation. The matter vomited was, first, the contents of the stomach; next, bile; next, mucus from the duodenum; then, chyle from the small intestine, coupled with a foul-smelling mass from below. The vomiting was never fæcal, nor even stercoraceous, nor have I ever seen it so. It appeared intestinal; thick, conglomerated, homogeneous, and offensive. It recurred, at intervals, for three days, with constipation, a cool, moist and shrunken skin, and feeble pulse. These symptoms, at no time very violent, were controlled by opium; so that, in the intervals, a great apparent amelioration appeared.

After four days' delay, she consented to have an operation done. The sac was opened, the stricture cut, and the bowel, which was deeply congested, but not gangrenous, returned within the abdomen. She recovered perfectly—a spontaneous evacuation of the bowels occurring within a few hours after the operation.

The interesting points of this case were: the mildness of the symptoms for four days, and the deceptive amelioration produced by opium. We can easily conceive that a continued use of this drug might lead to a fatal delay.

The cool, moist skin, indescribable shrunken aspect, and the nature of the vomit, were the symptoms most indicative of the mischief going on unseen.

It will be understood that an operation was urged on the patient from the beginning of the case.

CASE XIII.—*Strangulated Hernia relieved by Operation; The Canal closed by wire Sutures, left in permanently.*—(Service of Dr. CHEEVER.) J. D., æt. 17, was born with double inguinal hernia, and wore a truss until he was 6 years old. From that time he had no trouble until two days since, when, on making a sudden exertion, the rupture reappeared on the right side, and soon showed signs of incarceration. Patient had severe pain all night, and vomited three times. The following afternoon, he was seen by his family physician, who applied taxis, under ether, without success.

On being called to him, I advised his removal to the hospital, and as it was then late at night, and the symptoms not urgent, he was put to bed, with hop fomentations and a full opiate. The hernial sac lay in the inguinal canal, and the constriction was at the inner ring.

April 30th.—He was etherized, and, taxis having failed, herniotomy was performed. An incision having been made over the tumor, a hydrocele of the cord was found below the outer ring. The sac having been reached and laid open, a half ounce of serum escaped. The constriction was found very high up at the inner ring, and divided. The bowel was congested, and infiltrated with serum, but there were no signs of gangrene. The bowel having been returned, the two pillars of the canal were drawn together by a single, stout wire suture. The ends were cut short off and left in the wound, and the skin closed by one stitch.

With the exception of a mild attack of rheumatism, the case went on perfectly well. The wires kept up suppuration for six weeks before the sinus had so far closed that he could be let up with safety. Meanwhile, a large amount of lymph was effused. There was no suffering, and no orchitis. At the end of six weeks he was let up, with a spica bandage. There was no relapse of the bowel. The ulceration remaining was one inch long by one half broad. The sinus discharged thin serum.

On July 1st, he was discharged from the hospital, with the wound nearly closed, and allowed to go about without a truss.

Aug. 1st.—Three months since the operation, he reports himself well. Wound closed; no soreness; still a large effusion of lymph around the wire; no truss; no bulging of the abdominal wall, or bubonocele. Time must prove the event.

The question to be solved, as to the use of wires after herniotomy and their permanent retention, is: on the one side, a protracted convalescence; on the other, immunity from return of the hernia and freedom from a truss—provided the wires become encysted and the occlusion of the rings lasts.

Note.—Nov. 17th, six months since the operation. The wound has re-opened, portions of the wire have been discharged, and the hernia has returned.

CASE XIV.—*Double Oblique Inguinal Hernia; Operation for a radical Cure.*—(Service of Dr. CHEEVER.) The patient, a young man 20 years of age, has a congenital inguinal hernia on the left side, and on the right, one of two years' duration. Both are reducible, and have not troubled him much until recently. Now desires an operation.

June 14th.—The patient having been etherized and the hernia reduced, an incision, an inch and a half long, was made through the skin of the scrotum, on the left side. The skin and cellular tissue were thoroughly freed from the spermatic fascia for an inch all round the incision. The spermatic fascia and sac having been invaginated on the forefinger, the hernia-needle was passed up through the inner pillar and conjoined tendon, high up near the inner ring. The needle emerging through the skin of the abdomen was threaded with large size (No. 20) copper wire, electro-plated, and withdrawn. Next the needle, unthreaded, was passed through the outer pillar and Poupart's ligament, and up through the same opening in the skin, the other end of the wire hooked on and withdrawn, leaving the loop over the abdomen, and two free ends below, emerging from the scrotal incision. These two ends were now crossed through the spermatic fascia and sac, by passing the needle across from within outward, and threading one end and drawing it across, and *vice versâ*. Finally, the needle was passed through the conjoined tendon close to its insertion, and the outer end of the wire hooked on and drawn through; then the needle was passed through the insertion of Poupart's ligament, close to the spine of the pubes, and the inner end of the wire hitched on and drawn through. We now had the loop above, the two free ends below, and, between them, a complete figure of eight, formed by two stitches through each pillar and by the crossing through the sac. The lower ends were twisted together, and drawn up into the canal by pulling on the loop above, which was then twisted down into the skin. The ends were then secured over a roller. The other side was operated on in precisely the same manner, and a double spica bandage applied over all. The patient was put to bed, with the knees flexed over a pillow. One fourth of a grain of morphia was given subcutaneously.

Moderate swelling of the scrotum supervening on the second day, the bandage was removed, and the scrotum slung. Moderate suppuration came on, but no constitutional disturbance. The wires were removed on the tenth day. The discharge had nearly ceased, and he was allowed to sit up, with a spica bandage, at the end of the three weeks. At the end of four weeks he was discharged, with a light, double Wood's truss. There was a firm effusion of lymph, and no signs of weakness on coughing.

The experience of the past year has led us to modify somewhat our opinion of Wood's operation for the radical cure of hernia, as

expressed in a clinical lecture delivered and published in 1866.* Of the twenty cases there published, we may fairly eliminate seven, as operations either abandoned (1), lost sight of (2), or performed on improper subjects, viz., very obese or too old men, and large direct herniæ (4). This leaves a total of *thirteen* fair cases. Of these, three only were then put down as successful. Two were classed as recent operations. Both these latter cases—young men—at the end of a year, are well. They are now without trusses, and with no evidence of relapse. This would give *five* entirely successful cases out of thirteen, or 38½ per cent. of success. It will be remembered that Mr. Wood claims a percentage of seventy. Should the case just narrated prove favorable, we should have 50 per cent. of success.

It is fair to conclude that the later cases of our own were operated on more thoroughly than the earlier ones. In the last case, indeed, as we have said, a much more perfect occlusion of the canal and rings was effected by additional stitches. It is fair, too, to say that the operation is as safe as any one in surgery. In twenty-one cases we have had no bad result.

As we said in the article referred to above, we repeat now—"The operation palliates, if it fails to cure. It may render an uncontrollable hernia controllable by a truss. It tends always to reduce the size of the rupture; and it gives nature a chance to restore the parts by retention and adhesion. It will cure some adult cases, if they be selected with care and judgment.

"It will fail to cure some adult cases. It affords the best chance of a perfect cure in children from 6 to 12 years of age—after infancy and the first dentition are over, and during the formative period before puberty. Nature then tends to close up the rings, and the adhesive inflammation set up by the operation, even if but temporary, is of great assistance in furthering this desirable result.

"It is true, that the same end may be sometimes attained by trusses—but they must be very faithfully applied for a long while, and an operation shortens this period essentially."

We cannot do better than to quote the following summing up of Mr. John Wood, of London, in a letter addressed to us in answer to some inquiries:—

"In children before puberty, and in young men, the success of the operation is so decidedly superior to the great uncertainty, and, when probable, the slowness of cure by truss pressure, and the symptoms are so slight after the operation, that I should not hesitate in submitting myself, or a child of mine, to it, rather than to endure the inconvenience and risk which a hernia, supported by a truss only, entails. After all, it is an operation of expediency. No man is justified in pressing it on his patient. He should lay the facts before him fairly, and leave it to him to decide."

* Boston Medical and Surgical Journal, July 5, 1866.

GONORRHŒAL RHEUMATISM.

By Francis B. Greenough, M.D., Boston.

[Communicated for the Boston Medical and Surgical Journal.]

The existence of a gonorrhœal rheumatism, that is to say, of an affection coming on during the course of an attack of gonorrhœa, which in its gross aspect resembles rheumatism, seems at the present day to be pretty generally admitted. There are, however, some authorities who deny that there is any connection between the two pathological processes, considering them to be merely accidentally combined, in the same way as a gonorrhœa and pneumonia might be. Of this party Thiry must be considered the leader; he will allow no connection between the articular affection, which he considers as common rheumatism, and the urethritis.

On the other hand, the majority of writers believe that the affection of the joints is dependent on, and caused by, that of the urethra, and that it is in no way a rheumatic affection, having nothing in common with the latter beyond the anatomical position of its manifestations. Such is the opinion of Hunter, Sir Astley Cooper, Ricord, Diday, Rollet, Zeissl, Fournier, Bumstead, and in short, of by far the greatest majority of writers on the subject.

The arguments that may be advanced to show that the connection between the rheumatic and gonorrhœal affections is something more than a chronological one, are briefly stated, as follows:

I. The co-existence of these two diseases is too frequent to be dependent on chance alone.

II. Supposing that it were due to chance alone, as the number of cases of gonorrhœa in which this complication arises is very small, compared to those in which it does not, any patient who had been afflicted by this complication once, would stand an extremely small chance of ever having the same coincidence happen again. As a point of fact we find that on the contrary many cases are reported where the combination has happened again and again; one case being recorded by Brandes where the rheumatic attack was repeated six times, each time appearing during the course of a clap. Moreover, these same patients who are troubled with rheumatic pains every time that they have an attack of gonorrhœa, are never so affected at any other time.

III. Gonorrhœal rheumatism, moreover, is not identical with ordinary rheumatism, but is a disease sui generis; it lacks, on the one hand, some of the characteristics that are peculiar to common rheumatism, while, on the other, it has some manifestations which the latter has not.

Such are, in brief, the arguments in favor of the existence of a gonorrhœal rheumatism as such, and if true they are certainly conclusive. It is, however, the truth of these statements that is denied by the opposite party, and the question resolves itself into one of

accuracy of observation between the two parties. One fact, however, should not be lost sight of, and that is, that one well-authenticated piece of positive evidence is worth more than a thousand negative ones. In other words, if we can find records of cases reported by men worthy of credence (and surely none can be more so than the names already mentioned), the mere fact that others have not happened to see similar cases proves nothing.

The great objection used against the existence of a gonorrhœal rheumatism, is that we cannot understand how a urethral affection should produce such effects. Unluckily we cannot in medicine refuse belief in everything that we cannot explain. The tendency to do so is the natural result of the many important discoveries that have in modern times been made in our profession, by means of which many facts which formerly rested on an empirical basis, are now seen to be in accordance with the laws of modern physiology and pathology. We must, however, remember, that we are far from having arrived at the end of knowledge, and for a long time yet, well-authenticated clinical facts must be accepted even when, *à priori*, they seem impossible. That a local inflammation of the urethra should produce symptoms in the joints does certainly seem strange, and it has been attempted to explain this fact by the use of the terms metastasis, repercussion, sympathy, reflex action, in short by the whole list of those words, which, as commonly used, occupy the same position in medicine, that the letters *x*, *y*, and *z*, do in mathematics, *i. e.* represent unknown quantities.

However strange and inexplicable the connection between the urethral and rheumatic affections may be, it is not without an analogy. Every surgeon knows that the urethra is a peculiarly sensitive part, and that by its irritation various symptoms are not unfrequently called forth; as, for example, by catheterization. It is not very uncommon that the passing of a bougie should be followed by general feverish symptoms, sometimes by nausea and chills; of this there can be no doubt.

The cause of gonorrhœal rheumatism must be considered to be the gonorrhœa itself, as all the influences on which ordinary rheumatism seems to depend, such as exposure to cold and dampness, hereditary tendency, &c. &c., seem in this case to play no part at all; another strong proof, by the way, of the essential difference between the two diseases. Statistics show that it is not a gonorrhœa as such, that calls forth these manifestations, but only an urethral gonorrhœa. No cases have been reported, where these rheumatic symptoms have been found accompanying balanitis or vaginitis without urethritis; hence probably its comparative rarity in the female sex.

The parts most frequently affected by gonorrhœal rheumatism are the joints; in fact, some authorities of great weight, as Zeissl,* state that they have never seen cases where the muscles or tendons were

* Weiner Allgemeine Mediz. Zeitung, 1864, No. 40. Tripper-rheumatismus von Prof. Zeissl.

involved. Fournier,* on the contrary, claims that although the joints are most frequently affected, other parts of the body are not exempt. He gives the following table of frequency.

1. The articular synovial membranes were affected 51 times.
2. The synovial sheaths of tendons " " 10 "
3. The muscles " " 10 "
4. The serous bursæ " " 6 "
5. The sciatic nerve was " 5 "
6. In nine cases it was not possible to determine the precise location of the pain.

How much claim the last nine cases have to be considered as cases of gonorrhœal rheumatism does not appear.

Of the joints, the knee is most frequently the seat of trouble. Fournier, in a table of 119 cases taken from Fourcart, Brandes, Rollet and his own note book, shows that the knee was affected 83 times. Zeissl, without giving statistics, also gives the first place to the femoro-tibial articulation.

With regard to the affection's being mono- or poly-articular, there is a difference of opinion, Fournier claiming that in the majority of cases it affects more than one joint, Zeissl stating that he has never seen two joints affected at the same time.

On one characteristic all authorities agree, and that is the subacute character of the inflammation as compared with ordinary acute rheumatism, and the absence of the constitutional symptoms that always accompany the latter. The color of the integument about the joint is not much changed, and there is no marked swelling, except when there is an effusion. At most there is a little feverishness at night, the urine is not loaded with urates, and the profuse perspiration so characteristic of acute rheumatism is wanting. The whole course of the disease is more sluggish and less violent than an acute rheumatic attack. It comes on suddenly and is very apt to be followed by a serous effusion into the synovial sac. This effusion may be quite abundant if in the knee, the patella will be raised, and a fulness will be noticed above and below it on each side of the tendon of the quadiceps extensor.

The motion of the joint is painful, but not severely so. It is rare that anchylosis follows a gonorrhœal affection of the joint; some few such cases are however reported, and Zeissl quotes a case from Eisenmann, in which pus was formed within the joint and the patient died with hectic symptoms. As a rule, the prognosis is favorable, although the effusion may be reabsorbed very slowly. The cardiac complications which are so frequently observed in ordinary rheumatism do not occur in this disease.

We may then define this disease as a local, subacute inflammato-

* Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Vol. v. Article on Blennorrhagie, by A. Fournier.

ry affection of the articular synovial membranes, which is very apt to be followed by an effusion, but which generally runs its course favorably and disappears when the urethra returns to its normal condition. It will be noticed that although this disease differs in several respects from ordinary rheumatism, the differences are rather of degree than of kind, consisting chiefly in the subacute nature of the trouble, and the greater tendency to be followed by an effusion; hence the diagnosis cannot always be easy. Thus during the first stages, before any effusion could have taken place, it would be very difficult to decide whether a case was an unusually severe attack of gonorrhœal rheumatism, or a mild form of ordinary rheumatism. Fournier claims that the diagnosis is always possible, but in his exhaustive article on the subject he does not give such means of differential diagnosis as would preclude the possibility of the occurrence of doubtful cases.

The history of the case must be taken into consideration, and if we find that the patient has never been troubled with rheumatic pains before, that there has been no exposure to cold or dampness, that there is very little constitutional disturbance, that only one or at most two joints are affected, that the pains are localized and show no tendency to migrate, and of course that the patient either has, or has recently had, gonorrhœa, then we shall be justified in considering that we have to do with a case of gonorrhœal rheumatism. If, however, on the other hand there have been rheumatic attacks previously, and the constitutional symptoms are marked, the case must be considered as at least doubtful.

Owing to the difficulty in making a sure diagnosis, it must be confessed that the statistics of gonorrhœal rheumatism cannot be implicitly relied upon, and we cannot help suspecting that those authorities who have reported cardiac affections and muscular pains, must have been carried away by their enthusiasm for a comparatively rare disease and have been misled by a simple coincidence.

The prognosis is, as a rule, favorable, as this affection usually passes off in a week or two, and even when chronic is not a very troublesome complaint. The worst feature about it is the effusion which is apt to take place.

With regard to the treatment, perfect rest is the most essential part. If the pain is severe, two or three leeches may be applied with relief. Evaporating lotions may also be tried. When there is an effusion into the joint, the part may be rubbed with a salve containing iodine or iodide of potassa. If reabsorption does not take place, compression should be used, either by bandages, or still better by compressed sponges. All authorities agree that the remedies that have been supposed to be beneficial in rheumatism, such as the alkalies, colchicum, iodide of potassa, &c., have no influence in this affection. Perhaps it is lucky for us that the differential

diagnosis is not dependent on this fact alone. The urethral trouble must be treated exactly the same as it would be if no articular complication existed.

RELATIVE ACCOMMODATION.

To the Editors of the Boston Medical and Surgical Journal.

I BEG leave to notice what I now conceive to have been an error in a communication from me, headed "Relative Accommodation," in your JOURNAL of April 12, 1866.

An experiment is there described as follows:—"Let each eye be armed with a convex glass of six inches focal distance, and in order to avoid the prismatic effect of the lateral portions of the glasses, let them be covered, except over a circle of about an eighth of an inch in diameter at the centre. Let the object to be looked at be a short, thin, black line on white paper at about five inches from the eye. Adjust each eye separately, so that the line appears sharply defined and in the middle of the space seen through the uncovered portion of the glass. Then, on looking with both eyes at once, the object, the line, is *at first* seen double, the right image by the left eye, and *vice versâ*; after an interval of time, greater or less, the two images become combined, by lateral movement towards each other, into an *indistinct* line, or two lines very near to each other, *both indistinct*."

I formerly supposed that, when the two eyes in this experiment saw the line double, they were both *simultaneously* directed to the line itself; thinking that because each eye was separately adjusted, with the head stationary, therefore both eyes when looking together would remain directed to the object. This supposition was in accordance with the notion that each eye sees an image of the object in the direction of the object, but owing to the effect of the convex glass, farther off than the object (as if the mind's estimate of the distance of the image were derived from a sensation of the state of the accommodation). Thus would be explained the double images and the circumstance of their being crossed. But this explanation would be inconsistent with the usual state of things according to which two similar retinal images, one on each macula lutea, give rise to the appearance of only one image externally.

I am now, however, led to think that the two eyes are, during this perception of the double images, directed to a point farther off than the object itself; to a point at the distance of the virtual focus of the rays which have proceeded from the object and been refracted by the glass lens. And, in fact, the two images are not both seen *simultaneously* distinct; but either may be seen distinct, the other being then indistinct. For instance, if the right eye is directed to the object, the left image may be distinct, the other being then indistinct;

owing, I suppose, to its retinal image being outside of the macula lutea. This is in accordance with the supposition that the two eyes are directed to a point farther off than the object, either one separately, however, being directed to the object.

With this interpretation of the experiment, for my discovery of which I have to thank Dr. A. F. Wadsworth (of Boston), my supposed objections to Donders's method of measuring the amount of relative accommodation disappears, for during the binocular union of the two images, both eyes would be directed to the object; and the indistinctness of the combined image would only show that, with the given angle between the two lines of vision and the strong glass, the requisite relaxation of accommodation was not realized.

Boston, December, 1867. G. H.

DEVELOPMENT AND TREATMENT OF ALBUMINURIA.

To the Editors of the Boston Medical and Surgical Journal.

In view of the notorious inefficacy of our treatment of Bright's disease, I thought the following note might be interesting. It is a condensation of an article read before the French Academie Impériale de Médecine, by Prof. Semola of Naples, and is the complement of a previous memoir by the same author. In his previous communication Prof. Semola developed the opinion that the passage of the albumen into the urine, in Bright's disease, was the necessary consequence of a general deficiency of nutrition, by which the albumen, rendered incapable of performing its functions, was eliminated by the kidneys as a substance foreign to the organism. According to this theory, the alterations of these organs would play only a secondary rôle in the development of the disease; and although the condition of the kidneys is of value in prognosis, Prof. Semola protests against the ideas of those who pretend to explain or resolve the question by purely anatomical deductions.

One diagnostic sign distinguishing organic from symptomatic albuminuria is furnished by the quantity of the urea, which in true Bright's disease diminishes with the first appearance of the albumen, and, at a later period, accumulates in the blood. The same is true of the sulphates. Of the artificial albuminurias, that produced by the suppression of the cutaneous functions is the most like Bright's disease. This suppression both prevents the oxidation of the materials introduced into the system in the form of peptones (the products of the digestion of albumen), and causes a congestion of the viscera and especially of the kidneys.

Thus, according to this author, Bright's disease is not the result of a primitive anatomical lesion of the kidneys, but is a result of this double series of effects which succeed the more or less sudden suppression of the functions of the skin.

The aim of the physician should be to reëstablish these functions, and thus increase the oxidation of the peptones, and relieve the renal congestion.

Among the means best suited to this purpose are the ordinary sweatings, or, in obstinate cases, hot air baths always followed by cool or cold shower baths ; preparations of arsenic, and inhalations of oxygen. The diet should be vegetable or starchy, with but very little meat. W. F. M.

CAUSE OF CONSUMPTION.

To the Editors of the Boston Medical and Surgical Journal.

At the request of the author, I send you a synopsis of a new theory of the cause of consumption,* by Henry MacCormac, M.D., of Belfast, Ireland. This theory is set forth in a series of papers, read before various foreign Medical Societies, at different times since 1855, and accompanied by a long and eloquent introduction. The following formula, in small capitals, contains his idea.

"Wherever the air habitually respired, has been respired in whole, or in part, before, there tubercular deposits are found; and wherever the air habitually respired, has not been respired, in whole or in part, before, there tubercular deposits are impossible, and consumption and scrofula are unknown."

He further claims that, "for the first time in the history of disease, the proximate source of tubercle is capable of exact demonstration. Tuberculous and scrofulous deposits, whether in the offspring of scrofulous and consumptive parents, or others, are the invariable results of insufficient, imperfect respiratory function and re-breathed air. Hence the carbon is retained unoxidized; in other words, is not discharged from the blood, and is deposited, mainly as a hydro-carbon, in the lungs or other organs, as tubercle."

This theory he supports by an analysis of the composition of tubercle, showing a large percentage of carbon; by the prevalence of consumption and scrofula in connection with bad ventilation of sleeping apartments; by their special prevalence, in classes whose occupations subject them to the influence of re-breathed air, by day as well as by night; and by the cures he has seen effected solely by the constant supply of unbreathed air.

He also refers to the production of tubercle in the animals in menageries, and in rabbits confined in boxes for the purposes of experiment.

Whether his theory is fully demonstrated by the facts he presents, must be left to those more competent to analyze them. The

* Consumption, as engendered by Re-breathed Air, &c. Its Prevention and Possible Cure. By Henry MacCormac, M.D. London: Longman, Green, Longman, Roberts & Green. 2d Edition.

author's position, as well as the importance of the subject, command attention to his views, and it is his wish to subject them to the criticism of the profession in Boston. If his theory is sound, consumption may *always* be prevented, often cured. The victim of an inherited tubercular diathesis need no longer sit, with folded hands, awaiting his doom. The annual decimation of infants may be reduced one-half, and the general mortality one-fourth, by the annihilation of this great scourge of the human race!

Opposed to his theory, is the non-coexistence of consumption with certain cases of imperfect oxygenation of the blood; as in malformations and obstructive diseases of the heart, pressure of abdominal tumors, and of the gravid uterus, &c.

The extensive researches of Dr. Bowditch in the same field, show an important connection between consumption and the cold and dampness of certain localities. It is hard, also, to disconnect from this question those other great causes of perverted nutrition, insufficient food and want of exercise. Bad hygienic conditions are sure to be associated, and sanitary reforms being directed against them all, it is hard to estimate the exact influence of each, or to determine the *specific* influence of either of them. The mortality in English prisons has indeed been greatly reduced, but not wholly by improved ventilation, as improvements in diet, clothing, heating, bathing and exercise have generally accompanied it.

The ventilation of hospitals and public buildings receives due attention with us, but in the work-shops and dwellings of the people it is neglected. The majority do not enjoy more than half a minimum allowance of fresh air in their sleeping rooms, and this small cube is often unchanged till morning. The aim in our climate is, to keep out the cold, by stoves, double windows, listing and weather strips, which effectually prevent all, save *accidental* ventilation. Many work-shops, factories, and most day-rooms are no better. What specific effects this state of things will in the long run produce, is a question worth considering. T. W. Fisher.

Bibliographical Notices.

Forty-third Annual Report of the Officers of the Retreat for the Insane, at Hartford, Conn., April, 1867.

The Retreat is not a joint stock institution, but a charity. It is controlled by an association of gentlemen, without distinction of party or sect, called the "Society for the Relief of the Insane," and these gentlemen derive no pecuniary benefit from it in any way. The Society meets annually and appoints a Treasurer, a Board of Directors and the executive officers. To this Board the general management of the Institution is confided. The Directors appoint a committee of Managers, a committee of Medical Visitors, and a visiting committee

of ladies; a Superintendent and Physician, an Assistant Physician, a Steward and a Chaplain. Five of these officers make reports, viz.: the Managers, the Medical Visitors, the Treasurer, the Superintendent and the Chaplain.

The Managers state briefly that the Institution has been carried forward, during the past year, as usual, fulfilling, in a good degree, the design of its benevolent founders.

The committee of Medical Visitors examine the Retreat quarterly, and by a sub-committee monthly. They report that an increased attention was given to the medical treatment of the patients, and hygiene of the Institution, in view of the probable approach of the cholera, and that as a result the inmates of the house have been unusually free from disease throughout the year.

From the report of the Superintendent and Physician, Dr. J. S. Butler, it appears that the whole number of patients in the Retreat April 1, 1866, was 245—125 males and 120 females. Of this number there were discharged, recovered, 90—29 males and 61 females; much improved, 28—11 males and 17 females; improved, 19—10 males and 9 females; not improved, 21—10 males and 11 females; died, 29—15 males and 14 females; total, 187—75 males and 112 females; and leaving in the Retreat April 1, 1867, 140—117 males and 123 females. Of the deaths, 5 were from exhaustion of acute mania; 9 from simple exhaustion; 4 from epilepsy; 2 from consumption; 2 from old age; 2 from paralysis; and one each from abscess, suicide and disease of the heart.

The whole number of patients admitted into the Retreat since its opening, in 1824, is 4,725: of the 4,485 who have been discharged during the same period, 2,212 recovered, and 524 died.

The building of the new State Hospital at Middletown, now in process of erection, will terminate the connection of the State with the Retreat for accommodations for the indigent insane. Since the Retreat has been in operation the State has appropriated, in all, 24,000 dollars towards the buildings, and an annual sum of 5,000 dollars for part payment of board of the indigent patients; which sum is dispensed by the Executive of the State as commissioner of the fund. This fund is a simple charity from the State to its poor insane, and thus enables the Institution to extend its sphere of usefulness, by receiving this class of patients to its care, without distinction from those who pay the same rate of board from their own or other means.

The doctor says, "the annual dividends from the profits of the Institution, about which questions are frequently asked by the uninformed, are only to be measured by the percentage of recoveries; the ninety patients discharged last year being fifty per cent. upon the whole number admitted (or, as it may be termed, the whole amount invested) during the year. In this dividend all the employees of the Institution claim an interest as well as the Board, and all like yourselves are eager to swell their share of such profits!"

When the connection with the State ceases, it is recommended to carry out more fully the intention of the founders of the Retreat, "to provide a home for the insane, that no class of its inmates should fail to find within its walls those liberal, refined, and home-like accommodations which their habits, cultivation and sympathies demand."

C. K. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 19, 1867.

THE PATHOLOGY AND NOMENCLATURE OF SPOTTED FEVER, OR CEREBRO-SPINAL MENINGITIS.*

In writing upon this disease, a year and a half since, we felt called upon to consider, at some length, the question of its identity with typhus. At the close of our discussion of the subject, we argued that a disease which is sometimes almost as sudden as a stroke of lightning; which is rarely suspected of being contagious; which gives us a solitary case in a ship of war, a single case in a boarding school, two cases only in an almshouse; which, in civil practice, affects the villages and isolated farm-houses of the interior (where, in this country, typhus running the ordinary course is unknown) as much, at least, as the large cities; which in a majority of the cases is fatal, and that usually in a few days, or even hours; its mortality, however, being very variable at different times and places: such a disease presents so many points of difference when compared with British typhus that we should hesitate before pronouncing the two identical. We also quoted the Editor of the *British Medical Journal* as saying that "it is impossible to place the two diseases next to each other in the nosology, much less to admit their identity." Since that time, writers seem to have converged towards a unanimity of opinion on this point. No new adherents of eminence to the doctrine of the identity of the maladies have appeared, the Continental observers being upon the other side of the question, and, what is worthy of notice, the distinguished authorities of Dublin agreeing that the recent epidemic of "cerebro-spinal meningitis" was something very different from typhus. In no place than in Dublin have there been larger opportunities for studying the latter disease, and nowhere have such opportunities been better improved. The recent outbreak of the former affection in that city has thus afforded remarkable advantages for comparing the two. It is interesting to note, by the way, how the Irish experience in this matter has tallied with that gone through with in other places:—first, failure—paralysis—of diagnosis; then supposed discovery of a disease unknown to modern times, with a likening of it to an ancient pestilence; finally, its recognition as the same fatal disorder which has been for some years infesting this and other countries, under the name chiefly of cerebro-spinal meningitis.

In this connection, and as showing also the at least comparative immunity of London from the disease in question, for a generation or more, it may be allowable to quote from a private letter of the venerable Dr. Thomas Watson the following words in relation to it:—"If it be not a variety of typhus—which from its non-contagiousness it can scarcely be—it is a form of fever which has not fallen within my cognizance."

The example, however, of the Editor of the *British Medical Journal*, we would remark, does not seem to have been universally followed, in so far as he assign-

* Report of the Committee on "Spotted Fever," so called, by James J. Levick, M.D., in the Transactions of the American Medical Association, 1866. Stillé on Epidemic Meningitis. Philadelphia: Lindsay & Blakiston. 1867.

ed, to this malady and to typhus, positions *far distant* from each other in the nosology, since many writers make the meningeal inflammation, which has been the leading feature in the recent epidemic, and which sometimes veritably occurs (as even Dr. Murchison acknowledges) in typhus, to be secondary in both to other general affection of the system, that general affection, however, being essentially different in the two diseases. The *British Medical Journal* evidently considers the disease to be nothing more nor less than inflammation—meningitis. Dr. Levick, of Philadelphia, on the other hand, lays the chief stress on what is sometimes called the septic element, and while "holding the opinion that spotted fever is a distinct disease due to a specific cause, and having its own mode of invasion, phenomena and course," expresses his "conviction of its close analogy to typhus fever."

We are now reminded of the two principal parties into which observers who have rejected the typhus theory have formed themselves. The one party has held that the so-called spotted fever was simply a form of cerebro-spinal meningitis, and nothing more, unless the qualification typhoid be added; the other has maintained that it consists in its essential nature, and primarily, of some occult change, other than typhus—some alteration of the fluids or solids of the economy—the meningeal lesion being a secondary phenomenon.

For instance, a writer in the *Compendium de Médecine Pratique*, after giving an analysis of blood drawn from patients with cerebro-spinal meningitis, takes the following position. "It will be seen," he says, "that the quantity of fibrine is between 3·70 and 5·63; that is to say, between a minimum which is already a pathological condition and the figure which is only reached in well-marked phlegmasiæ." * * * "The decided increase in the fibrine is an experimental result of great importance, and one which assigns to epidemic cerebro-spinal meningitis the rank occupied in nosography by the phlegmasiæ of the serous membranes. But the epidemic constitution impresses upon these phlegmasiæ a more rapid march, and a greater gravity than obtains in sporadic inflammation of the meninges. That is the only point in which they appear to differ from the latter." We must remark, in passing, that these experiments prove nothing more than that there was inflammation in the subjects from whom the blood was taken—but neither that it was the primary pathological fault in them, nor that it is necessarily present in every case of so-called cerebro-spinal meningitis.

Then, again, it is laid down in the French treatises that the autopsies show more or less lesion of the meninges, though when death takes place at the first onset, it is stated that there is sometimes nothing more than dryness or cloudiness of the membranes. So, also, Stillé claims *post-mortem* appearances of cerebral congestion, for the epidemic of 1806 to 1815; and that these appearances were found by "all who investigated the subject," during the recent visitation of the disease in this country. As to European epidemics, he asserts that from Vieusseux, Mathey and Tourdes to Banks and Burdon-Sanderson, "the testimony is uniform that congestion of the brain is an unfailing accompaniment of the first stage of the disease." Thus we have a party of writers whose motto is "cerebro-spinal meningitis."

On the other hand, we have a class of observers who see in the meningeal lesion only a complication of, or a secondary change resulting from, a general disorder or poison of the system. In support of this theory, cases are referred to

in which no morbid appearances, *post mortem*, were found in the brain or meninges. Such cases are reported by Dr. Levick. Dr. Woodward, also, in a letter formerly published by the writer, distinctly states that a portion of the United States Army cases presented no perceptible anatomical lesion in the cerebro-spinal axis, and that some of those cases—unlike those referred to by French authors—were among the more protracted ones. In Dr. Levick's autopsies, however, the absence of the lesser changes, such as dryness of the membranes, is not distinctly noted. And, full reports of the Army cases not yet being attainable, we are unable to go into the details of them. We need more light on this point. And before coming to a full conclusion upon the pathological question before us, it behooves us to take into consideration certain epidemics of so-called typhoid pneumonia, which followed closely upon the spotted fever of 1806 to 1815, and which were considered by some observers of both diseases as essentially the same disorder with the latter; the poison of the malady in the one case settling—so to speak—upon the lungs, in the other upon the brain. The impression, however, is gaining ground that there is, at all events, an important element in the disease besides inflammation. In this impression we share. Dr. James Jackson considered the "spotted fever" to be "fever combined with inflammation." And we may say of cerebro-spinal meningitis, as the disease is now more often termed, that its physiognomy and course, its frequently sudden invasion, its epidemic prevalence in many countries and diverse climates, together with the contemporaneous immunity from it of those same regions for long periods of time, are opposed to the regular approaches and the usual behavior of simple inflammation. Even Dr. Stillé, who maintains that meningitis is a constant factor of the malady, agrees with those who assign to the latter "a compound nature, derived, on the one hand, from its specific cause, and, on the other, from its local lesions, thus proving it to be at once a blood disease and a local inflammation." "It is necessary to admit," he adds, "a constitutional as well as a local element of the disease, which often, indeed, becomes the predominant one, just as in eruptive and typhoid fevers, in diphtheria, dysentery, erysipelas, &c., the most fatal cases are those precisely in which death occurs at so early a stage, through the violence of the constitutional element, that the real lesion remains incomplete, or is entirely undeveloped."

Of the making of names for this disease there is no end. It enjoys, as Stillé says, a luxury of nomenclature. In Dublin alone there have lately been added to the list of its appellations—malignant purpuric fever; cerebro-spinal fever; fever with cerebro-spinal meningitis; febris nigra; malignant purpura; pestilential purpura; black death. In all places, however, the favorite designation of modern epidemics of it is cerebro-spinal meningitis. For those who are satisfied that meningeal inflammation is a constant element in the disease, the last-mentioned term, or perhaps typhoid meningitis, would cover the ground. But those who think otherwise are yet unprovided with a term which accurately designates the disorder. The difficulty lies in the fact that there is no one pathognomonic symptom, and that the pathology is not agreed upon. But when the latter shall be definitely settled, an appropriate name will be easily found.

The *New Orleans Medical and Surgical Journal* and the *Southern Journal of Medical Science* are to be united, and form the commencement of a new periodical on the 1st of January next.

JURARE IN VERBA MAGISTRI.

THERE are many in this country who are wont to swear by the words of foreign masters; who, to the sound advances of home growth, yield grudgingly a half-doubting assent until they have been approved abroad; who, to the utterances of native authors, though abundantly sustained by facts, grant but a tithe of the weight they would concede to them if imported from Paris or London. We know perfectly well that the immense hospitals and extensive libraries of Europe have given our trans-Atlantic teachers the start of us in observation, erudition and scholasticism, and that we owe them a debt we have but just begun to repay. But we need not, on that account, forget that, for practical tact, for the power of seizing the essential truth, while sifting out the unimportant, and for the shrewd interpretation of facts, the American mind is preëminent. Let us learn to appreciate and develope our originality. By the side of the literary excellence of the Philadelphia, and of the enterprise of the New York Schools of Medicine, we may call to mind that the wise practical counsels of James Jackson; the self-limitation in disease of Bigelow; the teachings of Ware, as, for instance, upon the different kinds of so-called croup, and the treatment of the membranous form, without perturbation, and also upon the injurious effects of opium in delirium tremens; the pathological learning of John B. S. Jackson; the bold, yet careful and successful surgery of our hospitals, associated with names too prominent to need mention, recording, among other things, a method of curing vesico-vaginal fistula, quietly practised in private wards, which anticipated what has been done elsewhere; the discovery of etherization, caught up and promulgated with prompt sagacity; the brilliant and authoritative physiology of Dalton, transplanted from Boston; the treatment of syphilitic iritis without mercury by Williams; the judicious recognition of the sway of Nature in Disease, not preceded, we believe, by Forbes in his famous articles in the "British and Foreign"; all these, and much more which might be mentioned, are as valuable as though they emanated from foreign sources.

The war has emancipated public opinion and literature from subserviency to the old world. But American Physic has yet to declare its majority. We shall, of course, continue to examine what Europe has to offer us, but we should see it through our own spectacles.

Treatment of Syphilis.—In the "Mémoires et Bulletins de la Société Medico-Chirurgicale des Hospitaux et Hospices de Bordeaux" (tome 11, 1867) is a very interesting paper by M. Moussous, upon the past and present treatment of syphilis. The principal points in the paper are thus summed up:—1. The idea of treating syphilis without mercury is not new. 2d. In the rational treatment of the 15th century by consecrated pieces of wood, and the Portuguese method, mercury counts for nothing. 3d. Blennorrhagia; simple chancre, with its local complications; syphilis, with its general poisoning of the system; are three distinct maladies, and are not to be treated in the same way. 4th. The cauterization of the infecting chancre as a preventive of constitutional syphilis, is of no utility, the disease being established when the chancre has appeared. 5th. Mercurial treatment, however well conducted, and though instituted at the budding forth of the chancre, is incapable of preventing the general manifestations, but only defers the period of their usual occurrence. 6th. If the mercurial treatment

be reserved for the time when the general symptoms appear, it then has perhaps more influence upon them, to the extent of making them disappear more rapidly. 7th. Mercurials are specially suited to the secondary symptoms. 8th. The further syphilis advances towards its later forms, the more mercury loses of its influence upon it. 9th. In the tertiary period, the hydriodate of potassa is the drug on which the most reliance is to be placed; it is of service also in the period of the prodromes which precede the general symptoms; it is, therefore, the medicine for the commencement, and for the end. 10. Syphilis may disappear without interference—*sponte sua*. 11th. An eclectic treatment, in which one part is assigned to the reactions of the organism, another to mercury and hydriodate of potassa, to which may be added iron, quinine, and certain warm mineral waters, would assuredly be the best suited to bring about the cure of syphilis.

Dr. Gross's Introductory Lecture.—We have been much interested in reading the Introductory Discourse of Professor Gross, delivered before the Jefferson Medical College the present season. It is entitled "Then and Now," and is a thorough review of the modern progress of Medical and Surgical Science. So excellent is the paper, as a whole, that we feel at liberty to note one or two defects in it.

In the passage on "sub-periosteal resection" (page 17) we are surprised to find no mention of Dr. Henry J. Bigelow's operation for ununited fracture.

We are equally astonished at the following statements:

"The numerical method, introduced by Louis, of Paris, thirty-five years ago, was warmly embraced by many of the leading physicians of Europe and America, as likely, if carefully and systematically pursued, to be productive of much practical benefit, in testing and determining various methods of treatment in particular classes of diseases; but no good seems to have resulted from its adoption, and for the last ten years the subject has apparently been entirely lost sight of. The author of the system still lives; the system is defunct." [!!] * * * *

"Nearly every disease, whatever its name or site, is essentially an inflammation. Even in what are called the neuroses, or nervous affections, inflammation generally plays a conspicuous part." [!]

Reclamation—addressed to the Gazette Hebdomadaire, &c., Paris.—In a recent discussion at the Imperial Society of Surgery in Paris, it was stated by M. Giraldès that the Medical Society of Boston recognized 400 cases of death from the inhalation of ether. This statement is entirely without foundation. *No medical society in Boston has acknowledged the record of a single instance of death from anæsthesia produced by sulphuric ether.* We ask that every medical journal which has copied the error of M. Giraldès will publish our denial of his statement.

Extra-uterine Fœtation and Gestation is the subject of a paper written by Stephen Rogers, M.D., and extracted from the Transactions of the American Medical Association. Dr. Rogers thinks a diagnosis of the above condition attainable, and that the treatment for dangerous hæmorrhage from rupture of the fœtal cyst should be gastrotomy, with tying of the bleeding vessels.

DURING the year ending Aug. 1, 1867, there were admitted into the Vermont Asylum for the Insane, 143 patients, which with the 493 in the institution at the commencement of the year, makes the whole number treated during the year, 636. There were discharged and died during the same time, 125, leaving 511 inmates Aug. 1, 1867.

Gun-Shot Wound in the Back—Bullet passed by Rectum Twenty-four hours after.—Henry Lee, colored, aged about 18 years, was admitted on the 22d of December, 1866, with a gun-shot wound in the back. Dr. William F. Tibballs, who attended this boy previous to his admission, gives the following history of the case: "He was wounded about 6 o'clock, A.M., December 21st, 1866, while endeavoring to escape arrest. He says that he was running up the bank of the river, and that the watchman was close upon him when he fired. The ball took effect to the right and between the second and third lumbar vertebræ; glancing over the transverse process it entered the alimentary canal, and was passed with his fæces early on the morning of the 22d, about twenty-four hours after its reception."

This patient, when admitted, was suffering no pain or inconvenience, and remained in this condition during his stay in the hospital. The examination of the wound by Dr. Dawson, confirmed the account given by Dr. Tibballs. The ball, in passing the transverse process carried away its periosteum, leaving the bone bare, and entered, no doubt, the transverse portion of the duodenum, where this division of the bowel is uncovered by peritoneum.—*Cincinnati Lancet and Observer.*

Ergot as an Abortive.—In a letter to the Philadelphia *Medical and Surgical Reporter*, we find the following:—

But perhaps of the essays above referred to, that by Dr. Denham, of the Dublin Lying-in Hospital, a gentleman of deservedly high standing, designed to show the effect of the ergot of rye, both during the period of pregnancy and at parturition, may not be the least important. Dr. Denham substantiated his views in relation to the utter harmlessness of ergot, so far as any poisonous effects, upon either mother or child, are concerned, at any period; and also his belief, that it will never bring on premature labor, during pregnancy, no matter how freely it may be administered; by exhibiting to several of us who breakfasted with him, among whom was Sir James Y. Simpson, a mother and child, in good health, upon whom the following experiment had been tried by him, to ascertain the facts in relation to these points.

Some few months since, the mother above referred to—a strong Irish girl of perhaps twenty-five—came into the Dublin Lying-in Hospital, at about the sixth month of pregnancy; and, as it was a fair case to test the matter, he gave her full doses of the ergot, and continued it for several days, till, in fact, it nauseated her so much that she refused to take it any longer; and yet it produced no symptoms of uterine contraction or abortion, which induced the Doctor to believe that ergot will not produce premature labor, though it does largely increase uterine contraction, during parturition, at full time.

Suppose the ergot had taken effect, would not the case have been one of criminal abortion?

The Abuse of Physical Exercise.—The *Westminster Gazette*, in the course of a declamation against too much physical exercise, sensibly observes: "Those who have gone through the severest training become in the end dull, listless and stupid, subject to numerous diseases, and in many instances the ultimate victims of gluttony and drunkenness. Their unnatural vigor seldom lasts more than five years. It was especially remarked by the Greeks that no one who in boyhood won the prize at the Olympic games ever distinguished himself afterwards. The three years immediately preceding seventeen are years of great mental development, and nature cannot at the same time endure any severe taxing of the physical constitution. Prudence, therefore, especially at this critical period of life, must ever go hand in hand with vigor, for the evils of excess outweigh by far the evils of deficiency."—*Medical Record.*

Dangers of the Streets.—The authorities of Paris are said to have under consideration a project for throwing foot-bridges over the most crowded thoroughfares of that city, in consequence of the great risk attending a passage across the

streams of vehicles, of which a great number are in the charge of careless or incompetent drivers. The *Figaro* says that every day from eight to fifteen persons are knocked down or run over by vehicles in Paris; what proportion of these are killed is not stated. In London "the dangers of the streets" are patent to everybody, and the loss of life by accidents from vehicles amounts in a year to a very startling total. Looking through the Registrar General's Weekly Returns, we find that since last February *one hundred and eleven deaths* have been registered as caused by horses or carriages in the streets, giving for the last thirty weeks an average of nearly four deaths per week. In one week ten deaths were recorded, and of these six were of persons over fifty years of age, and two were of children under ten years of age. The numbers receiving anything short of fatal injury are not recorded. To childhood and feeble age the passage of our over-crowded streets is full of peril, and it is not creditable to the humanity of the public spirit of the metropolitan authorities that suggestions which have often been made for erecting light foot-bridges at the most difficult crossings have not been adopted long ago.—*London Lancet.*

Dr. Holmes's Introductory Lecture to the Medical Class of Harvard University, delivered in November last, has been printed for the use of the class.

At a meeting of the Physicians and Surgeons in attendance upon Prof. H. R. Storer's second private course of lectures on the Surgical Diseases of Women, at Hotel Pelham, Boston, the following preamble and resolutions were unanimously adopted:—

Whereas, An unjust prejudice, founded, partly on ignorance and professional jealousy, and partly on a false conservatism, exists in the minds of many of our profession, against those who give special attention to the diseases of women; and, *whereas*, many of these diseases are either altogether ignored, or imperfectly treated of, in our text-books, and by the teachers of medical science in our schools; and, *whereas*, Prof. H. R. Storer, in instituting and carrying out, as he has done, a plan for the more thorough instruction of physicians on these important subjects, and in taking a bold stand as a Uterine Specialist, has incurred a certain degree of misrepresentation and abuse; therefore

Resolved, That we, the undersigned, regular practitioners of medicine and surgery, do hereby give him our hearty and earnest support in the course he is pursuing; that in the series of lectures just delivered, at Hotel Pelham, on the Surgical Diseases of Women, the subject has been ably discussed, in a spirit of candor and impartiality; that we tender Prof. Storer our sincere thanks for thus affording us the means of understanding better, and treating more skilfully, those diseases which are so often the unrecognized cause of suffering and death; and

Resolved, That we fully endorse the action of Prof. Storer in refusing to grant a certificate of attendance to a member of the Class, on the ground that he was an irregular practitioner, although presenting Diplomas from Regular Schools; and

Resolved, That the above preamble and resolutions be sent to the medical Press for publication, and that a copy be engrossed and presented to Prof. Storer.

J. G. Pinkham, M.D., *Cambridge, Mass.*
J. W. Parsons, M.D., *Portsmouth, N. H.*
J. B. Walker, M.D., *Union, Maine.*
J. Farrar, M.D., *Hartford, Conn.*
Jas. Coolidge, M.D., *Athol Depot, Mass.*
Augustus Harris, M.D., *Colebrook, N. H.*
A. J. Beach, M.D., *Bellville, Ohio.*
Thomas G. Potter, M.D., *Providence, R. I.*
W. W. Bancroft, M.D., *Granville, Ohio.*
Henry E. Paine, M.D., *Dixon, Ill.*
Alexander J. Stone, M.D., *Augusta, Maine.*

Massachusetts General Hospital.

[Surgical Operations for the week ending December 14th. Reported by C. B. Porter, M.D.]

1. *Epulis.* By Dr. H. J. Bigelow.—This tumor, of eight months' growth, about the size of a chestnut, was attached to the upper jaw of a man aged 26 years, just above the bicuspid of the left side. This is, as was stated, very liable to recur after excision, unless the periosteum from which it springs is removed. A tooth was drawn, and a vertical section was made with a saw through the alveoli on each side of the tumor, and the tumor, together with the bone from which it sprung, removed by a transverse section with the bone forceps, uniting the two vertical ones.

2. *Plastic Operation of Neck.* By Dr. S. Cabot.—A child, 6 years of age, received a burn two years ago, which destroyed the skin in the anterior cervical region, from just below the red margin of the lower lip to the middle of the sternum. The cicatrix, extending from near the angle of the inferior maxilla on one side to the same position on the other, was V-shaped, the point being at the middle of the sternum. There was great deformity induced by the contraction, the chin resting on the upper edge of the sternum, and the lower lip drawn down, so that the red border corresponded with the lower margin of the jaw. A V-shaped incision was made on the boundary line between the sound skin and the cicatrix, and the flap dissected up, the dissection being carried to the sound cellular and muscular tissue beneath, and all the contracted bands being divided. The sides were brought together by sutures as far as possible without too great traction. An elongated, pear-shaped flap, commencing a little below and just behind the lobe of the left ear, and extending down along the anterior border of the trapezius over the deltoid to within two and a half inches of its insertion into the humerus, being dissected up, was planted upon the remaining raw surface.

3. *Amputation at the Shoulder-joint.* By Dr. H. J. Bigelow.—This case was reported a week ago as "necrosis of the humerus." An exploration to ascertain the condition of the bone was then made, and the disease was found to be so extensive as to demand amputation at the shoulder-joint, but the condition of the patient was so critical that it was deemed advisable to inform his friends of it before proceeding to an amputation. After consultation with his friends, it was decided to embrace the chance of life which might be afforded by the operation, which was performed in the usual way, with the exception that the external flap was not cut by transfixion, which the immobility of the joint and the infiltration of the tissues prevented. Very free hæmorrhage was controlled by ligatures. The head of the bone was found to be very friable, the whole of the shaft extensively diseased, and the elbow-joint involved. The glenoid cavity of the scapula was healthy. During the operation, the pulse of the patient was very feeble and the abdominal aorta compressed.

4. *Plastic Operation for contracted Jaws.* By Dr. S. Cabot.—This patient, a boy aged 10 years, had had typhoid fever two years ago, followed by contraction of his jaws, without any known sloughing. There was a firm, dense band extending from the upper to the lower jaw, just opposite the molar teeth of the right side. The jaws could be opened only about three fourths of an inch. They had been opened repeatedly by artificial means, but the contraction soon returned. The band was cut, and a triangular flap of mucous membrane from the adjoining cheek inserted to prevent its recontraction.

5. *Necrosis of Jaw.* By Dr. H. J. Bigelow.—This patient, a child aged 8 years, had six weeks before had a severe attack of dysentery, followed by necrosis of the lower jaw, with loss of three teeth of the right side. A fragment of the alveolar process, which was detached, was removed.

6. *Abscess in Sacral Region.* By Dr. H. J. Bigelow.—This patient, an adult male, had situated in the left sacral region, a large abscess of eight months duration. It was opened, and on examination by the finger, the tip of the posterior superior spine of the ilium was found denuded over a small extent, perhaps secondarily. A peculiarity of this case was the size of the abscess, the entire absence of a surrounding wall, and the thick creamy character of the

pus. The cavity was traversed by columns of the cellular tissue, the whole leading to the suspicion that it might be the result of an enlarged and inflamed bursa rather than of diseased bone.

7. *Amputation of Leg.* By Dr. GEO. H. GAY.—The subject of this operation, a widow aged 58 years, had had large varicose ulcers on her leg for about five years following extensive varices of eighteen years' duration. The lower part of the leg was a mass of ulcers and cicatricial tissue, and acutely painful. The leg was amputated by the circular method, at the junction of the middle and lower thirds.

8. *Uterine Polypus.* By Dr. S. CABOT.—This patient, an unmarried woman, aged 32 years, had had frequent and excessive uterine hemorrhage for some months. On examination, a polypus the size of an English walnut was found attached just below the os internum, on the anterior surface of the cervix, which was removed by torsion.

9. *Urinary Infiltration.* By Dr. H. J. BIGELOW.—This patient, a middle-aged Irishman, entered the hospital with an enormously swelled scrotum and penis, there being a swelling as large as the fist over the left inguinal ring, the scrotum being some five inches in diameter; the whole obviously the result of urinary infiltration. Upon examining to find the obstruction, a stone was felt two inches behind the meatus, and removed by external incision. The stone was as large as a pecan nut. The groin and scrotum were now freely laid open by a single incision, extending from the level of the internal inguinal ring above, through the scrotum and perineum, to the anus, and the flaps dissected back as far as the gangrene extended. The tunica vaginalis containing the testis, and the cord, both greatly swelled, were dissected out from the mass. The dorsum of the penis was also freely incised through its whole length. Free exit was thus given both to the extravasated urine and the resultant sloughs.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 14th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	55	52	107
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.0	41.1	80.1
Average corrected to increased population - - - - -	00	00	88.4
Deaths of persons above 90 - - - - - - - -	0	0	0

NOTICE TO CORRESPONDENTS.—The length of some valuable articles has delayed the publication of other communications which we have on file, and which, with the indulgence of their authors, will appear in due course. The publisher prints eight pages extra this week for our accommodation.

BOOKS AND PAMPHLETS RECEIVED.—Obstetric Clinic. By George T. Elliot, Jr., A.M., M.D. New York: D. Appleton & Co. 1868.—Annual Report of the Surgeon-General of the United States Army, 1867.—Seventeenth Anniversary Meeting of the Ohio State Medical Society, held at Springfield, June 4 and 5, 1867.

MARRIED,—In this city, 12th inst., Dr. Arthur H. Wilson to Miss Jennie N. Taylor, both of this city.

DIED,—At Liberty Hill, Conn., Dec. 3d, Joseph Comstock, M.D., aged ninety years eleven months and one day—an occasional contributor to this JOURNAL during the whole course of its publication.

DEATHS IN BOSTON for the week ending Saturday noon, Dec. 14th, 107. Males, 55—Females, 52. Accident, 2—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 3—bronchitis, 11—burns, 1—cancer, 1—cholera morbus, 1—chorea, 1—consumption, 15—convulsions, 6—croup, 3—diarrhœa, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 3—erysipelas, 1—scarlet fever, 30—typhoid fever, 2—disease of the heart, 2—hernia, 1—disease of the liver, 1—congestion of the lungs, 4—old age, 1—paralysis, 3—premature birth, 2—unknown, 5.

Under 5 years of age, 52—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 10—above 60 years, 18. Born in the United States, 71—Ireland, 23—other places, 13.